

D.I. # \_\_\_\_\_

**CIVIL ACTION****NUMBER:** 07CV835 JJFU.S. POSTAL SERVICE  
CERTIFIED MAIL RECEIPT(S)**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Put your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

EDUCATION  
DEPT  
LORIAN WEYER  
DEPUTY ATTORNEY GENERAL  
DEPARTMENT OF JUSTICE  
820 N. GREEN STREET  
WILMINGTON, DE 19801

2. Article Number

(Transfer from service label)

7005 1820 0004 3169 6336

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

Kitty Van Slyke

C. Date of Delivery

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

07CV835 JJF